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RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

India

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of India with a duration of two years that supports activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $71,600,000 from general resources, subject to the availability of funds, and $137,400,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 1997.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	344.5
U5MR (per 1,000 live births)	119
IMR (per 1,000 live births)	79
Underweight (% moderate and severe)	53.1
Maternal mortality rate (per 100,000 live births) (1992-1993)	437
Literacy (% male/female) (1990)	62/34
Primary school enrolment (% gross, male/female) (1992)	113/90
Primary school children reaching grade 5 (%)	62
Access to safe water (%) (1993)	81
Access to health services (%) (1993)	85
GNP per capita	$310
One-year-olds fully immunized against:	
tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	91 per cent
measles:	86 per cent
poliomyelitis:	91 per cent
Pregnant women immunized against:	
tetanus:	81 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. Recent changes in the economic and political climate have significantly improved the prospects for children in India. Economic reforms under way since 1991 have brought with them a greater concern for the social sectors which is reflected in higher allocations to health and education. There is a growing recognition that primary education needs to be universalized if economic progress is to be sustained. Constitutional amendments in 1992-1993 have paved the way for the devolution of many developmental responsibilities to locally elected governments (panchayats), where one third of the seats are reserved for women. Vibrant and strong community organizations in both rural and urban areas, many of them women's groups, are beginning to articulate their needs and demand better services. Major gains in recent years for children include: a sharp decline in vaccine-preventable diseases; the virtual eradication of dracunculiasis (guinea worm disease); iodization of over 70 per cent of all salt; ratification of the Convention on the Rights of the Child; new initiatives to address illiteracy; reorientation of the national family welfare programme away from family planning targets; additional resources for basic education; and a new national resolve to tackle child labour.

2. The challenge of large absolute numbers remains, however. Of the 25 million children born every year, nearly 2 million still die from preventable diseases including diarrhoea and acute respiratory infections (ARI). Over one half of the children under four years of age are malnourished. Most children enrol in school, but nearly 50 per cent drop out before learning to read or count; some 19 million to 24 million children have never been in school, a majority of them girls. Child labour persists, with estimates of the number of working children ranging from 14 million to 55 million.

3. There are wide disparities across locations, social groups and gender. The infant mortality rate, for example, ranges from a low of 13 per 1,000 live births in Kerala to 110 in Orissa. More than 80 per cent of girls aged 6-14 years attend school in Goa, Mizoram, Kerala and Himachal Pradesh. In contrast, more than one half of girls in Bihar, Rajasthan and Uttar Pradesh are not in school. Families belonging to the Scheduled Castes, Scheduled Tribes and the urban poor have the least access to basic social services.

4. Gender inequality persists, but varies among locations. In 1991, 64 per cent of men were literate, but only 39 per cent of women. Primary school drop-out rates for girls are about double those for boys. In rural areas, girls continue to have a 22 per cent higher risk of dying than boys. Life expectancy for girls in Uttar Pradesh, India's largest state, is 54.6 years, some 20 years less than for a girl born in Kerala.

5. The nationwide maternal mortality rate is high, at 437 per 100,000 live births. Almost 110,000 women die each year from causes related to pregnancy and childbirth. Over 80 per cent of pregnant women in Kerala receive antenatal care, almost twice as many as in such states as Bihar, Nagaland, Rajasthan and Uttar Pradesh. A majority of women still do not know about HIV/AIDS. Fertility rates are still high in northern states.

6. With the ratification of the Convention on the Rights of the Child in December 1992 and the endorsement of the goals of the World Summit for Children, there is increasing recognition that many of the most basic needs of children are basic rights, leading to obligations upon Indian society to ensure they are fulfilled for all. This provides a strong basis for cooperation between the Government and UNICEF during the proposed two-year "bridging" programme and beyond.

PROGRAMME COOPERATION, 1991-1995

7. The 1991-1995 programme of cooperation was based on increasingly decentralized responses to meet the varying needs of children in all states and on a strong pro-gender, life-cycle approach. A number of important lessons have emerged for improving the situation of children. First, it is possible to achieve near universal coverage of critical survival and development programmes; the fixed-day outreach strategy for the delivery of services by health workers launched under the expanded programme on immunization has been implemented nationwide and includes a wide array of maternal and child health services. Second, in expanding coverage, the role of women's groups is often crucial for sustainability of services. Third, lessons learned in all sectors point to the importance of convergence, especially between the work of government functionaries and community organizations, as a strategy for the sustainability of services, the development of local capacity, disparity reduction and for reaching underserved areas and communities. In addition, the motivation of grass-roots functionaries is a critical element in improving services. Thus, training and supervisory mechanisms need to enhance technical skills, but more so to strengthen communication and community mobilization skills. Fourth, small, quality improvements can have a dramatic effect on the well-being of children. For instance, innovations for the young child (0-2 years) are focusing on the prevention of malnutrition after decades of investment in treating it at a later age. Similarly, painting the bottom three feet of classroom walls black enables each child to have a blackboard - a place of pride and ownership in previously drab school rooms. Finally, progress towards universal primary education demonstrates that effective advocacy puts key issues on the agenda of policy makers and also that UNICEF resources can effectively mobilize national

and international resources. Further, modest UNICEF support to well-documented analyses and the formulation of practical proposals has helped to bring forth rapid and effective public concern and government action to end child labour in hazardous industries.

RECOMMENDED PROGRAMME COOPERATION, 1996-1997

Estimated annual expenditure

(In thousands of United States dollars)

	1996	1997	Total
General resources			
Convergent community action	5 400	5 600	11 000
Child's environment - water, sanitation and hygiene	5 600	6 000	11 600
Child survival and safe motherhood	4 000	4 500	8 500
Primary education	5 500	6 500	12 000
Child development and nutrition	8 000	9 000	17 000
Child rights through advocacy	1 500	1 600	3 100
Planning, monitoring and programme support	4 000	4 400	8 400
Subtotal	34 000	37 600	71 600
Supplementary funds			
Convergent community action	1 000	1 000	2 000
Child's environment - water, sanitation and hygiene	16 600	16 400	33 000
Child survival and safe motherhood	32 100	29 000	61 100
Primary education	10 000	11 500	21 500
Child development and nutrition	6 000	6 300	12 300
Child rights through advocacy	3 300	4 200	7 500
Subtotal	69 000	68 400	137 400
Total	103 000	106 000	209 000

8. Preparations for the proposed "bridging" programme began with the mid-term review held in 1993 with Government and collaborating members of the Joint Consultative Group on Policy. Following the development of the national programme of action (NPA) in 1992, India reassessed and reformulated the mid-decade goals with strategies defined and precise monitoring indicators identified for each major goal, and began programme design to meet such goals for the year 2000 as those for safe motherhood, the reduction of ARI and HIV/AIDS. This process was strengthened with the launching of state programmes of action for children. Meetings and workshops involving the Government, non-governmental organizations (NGOs), donors and UNICEF staff were held to identify key cross-cutting issues and new approaches. These included the need to adopt a strong child rights perspective, give a stronger thrust to correcting gender disparities, adapt programmes to the new processes of political decentralization and strengthen intersectoral linkages in poor urban areas. The proposed

programme was finalized with the nine collaborating ministries at joint planning sessions convened by the coordinating government agency, the Department of Women and Child Development (DWCD) in the Ministry of Human Resource Development.

Objectives and strategies

9. The programme has three major objectives: (a) to continue support to major national programme activities designed to achieve the goals of the NPA and the World Summit for Children; (b) to test new approaches that will lead to a long-term programme of cooperation; and (c) to develop a framework that seeks to promote child rights more comprehensively. The programme also will ensure better harmonization of the next full UNICEF programme of cooperation (1998-2002) with the Government's Ninth Five-Year Plan (April 1997 to March 2002).

10. The first strategy is advocacy to make child rights a measure of development through achieving goals by participatory processes. The rights perspective calls for disparity reductions to be more explicit elements of strategies and for the design of new approaches to better reach and empower the poorest. Advocacy efforts will seek to protect the rights of children who are most flagrantly denied such rights and to reduce gender disparities. Secondly, empowerment through convergent community action will be tested so as to strengthen the process of bringing government service agencies into closer and more responsive working relationships with an informed and actively participating community. Thirdly, there will be a renewed emphasis on capacity-building for prevention, rather than cure or rehabilitation, reflected, for example, in the focus on young child malnutrition, and on universal primary education as the most effective measure against child labour. A related capacity-building effort will respond creatively to the devolution of development responsibilities to panchayats and strengthen community and women's groups. The empowerment of women's groups - sponsored schemes by various departments and ministries - will be supported under the new Indira Mahila Yojana (a government scheme for supporting women's development activities), providing a common agenda for social action and a better coordinated set of in puts to assure an active role by and for women in community development.

11. Programme strategies will continue to be adapted to the unique needs of each state. Emphasis in all states will be on capacity-building and community empowerment. In states with the most adverse indicators, however, relatively more emphasis will be placed on service delivery and capacity-building. In more advanced states, advocacy, monitoring progress at the community level and informed action by empowered groups, especially women, will be prominent. Community monitoring will help track progress and inform decision makers.

12. The UNICEF country programme in India has a strong record of obtaining and using substantial amounts of supplementary funding. Based on firm commitments from regular donors and positive indications of new sources of funding, supplementary funding is anticipated for all major sectors. General resources will be allocated to essential and core activities in all sectors as well as to cover most programme planning and support costs. Supplementary funds will be used for more rapid expansion and wider coverage of established programmes related to key decade goals and for replication of successful experiences initially funded by general resources in all sectors and through the convergent community action programme.

Convergent community action

13. In both rural and urban areas, convergent community action seeks to foster a team approach for assessing, analysing and initiating action to realize the rights of children. In rural communities, women's groups and local bodies, particularly women members of panchayats, will be linked with training of an intersectoral team of government workers. Using participatory appraisal techniques pioneered as part of community-based convergent services and training modules designed with a strong gender focus, communities will carry out their own situation analyses, and make their own plans to achieve goals for children.

14. The convergence of services will focus on reaching the most deprived and underserved. In urban areas, community groups established under the Urban Basic Services Programme (UBSP) will encourage sectoral officials to establish a closer relationship with communities. Convergent community action will be developed in each major state with the aim of assessing, by the end of the two-year period, approaches that can be expanded to wider coverage in the subsequent programme period.

The child's environment - water, sanitation and hygiene

15. The programme builds on success of the national Water Mission, with a shift in strategy towards capacity-building for sustainability, the incorporation of the environment as a more central concern and finding new ways to reach unserved communities. Women's participation will be encouraged so they can influence the design of programmes and take on a wide range of roles. One example would be groups of women entrepreneurs assuming responsibility for production and marketing centres such as rural sanitary marts.

16. A new emphasis on the environment of the child encompasses empowerment with action in the immediate environment of the home, including the promotion of improved hygiene, links with improved feeding and caring practices, the promotion of latrines and improving the immediate physical conditions around water points. The focus will be expanded to include such broader environmental concerns as the impact of water table depletion and watershed management, the latter being crucial for sustainability.

17. Continued support to research and development activities will aim to develop a more diversified set of low-cost and appropriate technologies to serve difficult areas (including rainwater harvesting, hydro-fracturing (a method that uses water under high pressure to improve a well's pumping capacity), iron and fluoride removal). A phase-out of support to the national drilling programme will allow a focus on water quality and sustainability as well as on new community-based approaches for the disadvantaged urban poor and coverage of schools and anganwadi (child-care) centres. Dracunculiasis eradication is now in its final phase, and UNICEF inputs will focus on surveillance for certification as being "guinea worm free".

Child survival and safe motherhood

18. The reduction of infant and maternal mortality are the central objectives of the national Child Survival and Safe Motherhood (CSSM) programme. Now in the fourth year of a five-year plan, with 353 of the country's 466 districts covered, CSSM will cover all districts nationwide by 1997. The major focus will be on-demand generation (for oral rehydration salts (ORS) and ARI treatment) at the community level, increasing awareness of the risk of complications during pregnancy and improving the quality of services.

19. Capacity-building will involve a system of continuing training for front-line workers that will be put in place especially for the team of the anganwadi worker and the auxiliary nurse midwife. A priority will be to strengthen skills for ARI care management and newborn care, as well as a joint approach to preventing malnutrition. In safe motherhood, special attention will be given to strengthening the link between the community and referral to subdistrict and district levels. Efforts will be made to lower the risk associated with maternity through the promotion of birth spacing and increased coverage of antenatal care. Information on HIV/AIDS will be disseminated as part of all education activities carried out with the health sector. Increasingly, however, given that HIV/AIDS is primarily a social problem, information and communication activities will focus on behavioural change through non-health sectors, particularly education, and through the media.

20. Improved capacities for data collection and management will be supported at all levels. Coverage surveys will be used to help decision makers identify geographical and programme areas that require special management inputs. Communities will be encouraged to monitor immunization coverage, the availability of ORS and the willingness of the panchayat to assist with transport for emergency obstetric care.

Primary education

21. The programme will help to improve enrolment, the quality of education and learning achievement in the classroom. The service delivery strategy is aimed at the initial enrolment of all six-year-olds in class 1, and then assisting and ensuring their attendance over the following five years, with special attention to reducing drop-out rates among girls and children of Scheduled Castes and Scheduled Tribes. Advocacy for universal and compulsory education will be a key strategy for eliminating child labour.

22. UNICEF will support activities to enhance teachers' competencies, skills and motivation. Getting teachers to change the teaching-learning process in the classroom and highlighting their strengths underpin the new thrust to make learning more relevant, efficient and enjoyable. This will include development of simple methods to measure learning progress and milestones for use by parents and village education committees. Another aim is to strengthen communication between the school and the community. These efforts will link up with the Government's District Primary Education Programme, which receives funds from the World Bank and the European Union, and with joint United Nations system support to universal primary education. In the state of Bihar, experiences of community mobilization and promotion of girls' education under the Bihar Education Project will be drawn on for replication and expansion.

Child development and nutrition

23. To combat the prevention of malnutrition in young children, renewed attention will be given to feeding during pregnancy, the introduction of adequate complementary feeding, improved caring practices and the neglected areas of maternal and adolescent nutrition. In rural areas, efforts will centre on building strong links between the two categories of field workers which have the closest contact with the community - the Integrated Child Development Services (ICDS) anganwadi worker and the auxiliary nurse midwife - through joint training and strengthening of skills in communication and counselling. In urban areas, the links will be between the health and ICDS workers and community volunteers of UBSP and NGOs. Attention also will be paid to the needs of the adolescent girl, including broader strategies to raise the age of marriage and counter gender bias in the family.

24. A more comprehensive approach to anaemia will be pursued, with improved packaging of iron and folic acid tablets, information to women to improve coverage, fortification and experimental approaches to diagnosis and treatment. Renewed emphasis on exclusive breast-feeding will address vitamin A deficiency in addition to strengthening the supplementation programme under CSSM. Fortification will be initiated for treating both anaemia and vitamin A deficiency. To sustain high levels of salt iodization, improved packaging and testing kits will be made widely available to allow communities to verify that salt reaching villages is iodized. Support will be provided for monitoring systems leading to the universal elimination of iodine deficiency disorders.

25. The ICDS programme has a target of universal coverage through a unique network of over 500,000 anganwadis and preschool centres. Community efforts will make the anganwadi a conducive and playful learning environment for the young child and link it with the primary school. Decentralized training of anganwadi workers will help to make training more responsive to local realities.

Child rights through advocacy

26. The "protection" rights of children are emerging as a new strategic area for UNICEF in its relations with the Government and civil society. Partnerships for awareness-creation and stronger enforcement of child rights under the law, with such allies as the United Nations Commission on Human Rights, NGOs and the legal profession, will centre on implementation of the Convention on the Rights of the Child. In areas requiring further understanding and advocacy, support will be given to data collection and analysis and the development of a monitoring system for child rights.

27. Advocacy for protection rights will be built around preventive approaches. Emphasis will continue on the critical importance of compulsory primary education as the most important service strategy for preventing child labour. Innovative support to the Prime Minister's programme to eliminate child labour (in 132 districts of 11 states) aims to strengthen targeting of the poorest families through improved coordination among poverty alleviation programmes.

28. In such areas as child prostitution and trafficking, support will be given to efforts to document the nature and extent of the problem and to help identify strategies that will help change societal norms and practices underpinning such violations. Advocacy for recognition of the special needs of groups often excluded from society's mainstream - notably the disabled, street children, destitute children and, increasingly, children affected by HIV/AIDS - will emphasize integration into the mainstream of social life in schools and families.

29. Support to campaigns to promote the status of girls in the family and the elimination of child marriage and dowry systems will continue in partnerships with DWCD, the Ministry of Information and Broadcasting and others.

Planning, programme support and programme management

30. The initial experience of using multi-indicator cluster surveys for measuring mid-decade goals will be drawn upon to develop a survey system that will have representative information on each goal for monitoring progress at national, state and local levels. Support also will be given to building the capacity of DWCD as the designated nodal department for monitoring all the World Summit for Children and NPA goals. There will be a major effort to learn lessons from previous programme cycles, with at least one major evaluation

planned for this period. The two years prior to the Ninth Five-Year Plan are an important period in which the situation analysis of children and women will help shape the next longer-term programme. Planning of work within UNICEF will be strengthened to assure accountability not only for financial resources, but also for human resources and work processes.

31. Programme support is provided at both central and state levels. National programme support is coordinated by DWCD. Within a national policy framework, programming support is provided to state governments through a network of 10 state offices. Details of cooperation are developed in annual work plans, and annual reviews will be held with the Government.

Partnerships

32. In the area of education, close cooperation is envisaged with the United Nations system and multilateral donors, including the International Bank for Reconstruction and Development (IBRD), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Development Programme (UNDP). On child and reproductive health, UNICEF will work with IBRD, UNDP and the United Nations Population Fund; on nutrition, with the Asian Development Bank, the Food and Agriculture Organization of the United Nations, IBRD, the International Fund for Agricultural Development and the World Food Programme; and on child labour, with the International Labour Organisation and UNESCO. Close cooperation also is emerging with the United Nations system on issues requiring intersectoral approaches such as HIV/AIDS (with the Joint United Nations Programme on HIV/AIDS), gender (with the United Nations Development Fund for Women) and in follow-up to the major international conferences. Bilateral and multilateral partnerships will continue to be central to the programme, notably with the Governments of Australia, Canada, the Netherlands and Sweden, and other major donors. Strong networks will continue with NGOs and National Committees for UNICEF. In addition, the private sector within the country will be mobilized for providing support to programmes through financial and other resources.